

Ashford St Peter's Hospitals NHS Trust

Minutes of the Ashford & St Peter's Hospitals NHS Trust Board Meeting Held on Thursday 24th November 2005, in the Education Centre, Ashford Hospital

Present

Mr Clive Thompson, Chairman
Mr Glenn Douglas, Chief Executive
Mr Keith Mansfield, Director of Finance
Mrs Michaela Morris, Director of Operations (Emergency Lead)
Mrs Antonia Ogden-Meade, Director of Operations (Elective Lead)
Ms Sian Thomas, Director of Human Resources
Mrs Joyce Winson Smith, Director of Nursing/Deputy Chief Executive
Mrs Liz Brooks, Non-executive Director
Mr Norman Critchlow, Non-executive Director
Mr Peter Field, Non-executive Director
Mrs Aileen McLeish, Non-executive Director
Mrs Jenny Murray, Non-executive Director
Mr Rodney Gritten, North Surrey PCT Representative
Mr Graeme Carman, Patient and Public Involvement Forum Representative
Mr Maurice Cohen, Patient Panel Representative

In attendance:

Mrs Shirley Sikora, Board Secretary

Part 1:

1. Apologies for absence

Apologies for absence were received from Mr Ian Mackenzie, Director of Information, Mr Humphrey Scott, MSC Chair, Dr Mike Baxter, Medical Director, and Mr Graham Worsfold, SHAW PCT Representative

The Chairman advised that this was the last Board meeting for Sian Thomas, Director of Human Resources, who is leaving the Trust to take up a position with NSH Employers. The Chairman thanked Ms Thomas for her significant contribution to the workings of the Trust and detailed her achievements.

2. Minutes of the public Trust Board meeting held on 20th October 2005

It was noted that Mr Graeme Carman, PPI Forum representative, had attended the last meeting but had not been noted in the minutes.

The Minutes were then agreed as a correct record.

3. Matters arising

There were none.

4. Appointment of Deputy Chairman to the Board

The Chairman advised that he had approached Mrs Liz Brooks, Non-executive Director, to take on the role of Deputy Chairman to the Board, a role previously held by Mrs Mary Riley. Mrs Brooks had accepted this role. The proposal was **RATIFIED** by the Board.

5. Chairman's Report

The Chairman advised that there had been much discussion within the local health economy on strategy and financial issues. He commended the Chief Executive for the work he had been undertaking to bring the Acute Trusts together to form programmes of efficiency and early attainability of the 10 High Impact Changes.

Action

Surrey and Sussex Chairman had met recently, where the main focus centred on PCT reorganisation and ensuing problems and the critical financial situation faced by all.

Candy Morris (formerly Chief Executive of Kent and Medway Strategic Health Authority) had been appointed as the new Chief Executive of the Surrey & Sussex Strategic Health Authority, taking over from Simon Robbins.

There had been a joint meeting of Chairmen and Chief Executives of Acute Trusts a month ago to look at efficiency programmes with a focus on finance. Mr Thompson detailed the national situation and problems generally facing the NHS. He had also attended an Acute Chairs' meeting at the NHS Confederation.

A meeting of the Trust's Finance Committee had looked at the balance of activity against costs and Mr Thompson declared the Trust's intention to concentrate on meeting the treatment targets, however, this would further impact on financial costs.

The Trust's Library Services were commended on attaining Level 3 by Helikon. Ashford & St Peter's is the first Trust in the country to reach this level at a first attempt.

Interviews for a Consultant in Child and Adult Mental Health were successful and a candidate appointed.

The Chairman had attended an orientation day for Improving Working Lives (IWL) Assessment. The full assessment takes place week commencing 28th November 2005.

The Chairman had undertaken a tour of works of the new buildings at St Peter's and had been impressed by the standard of work.

Pat Weston, Mayor of Spelthorne, had that morning opened the new Wordsworth Ward on the Ashford site. She remarked on the extensive service that the ward will provide.

6. Non-executive Directors' Reports

Mrs Brooks had recently undertaken tours of the hospitals and remarked on the quality of work and commitment of staff she had met. She had also attended Performance Meetings and had been impressed by the many ways staff are seeking to save money yet maintain quality of care. She also commended the work of Jane Mallett, Head of Practice Development, and her team who were finalists for their work on "Essence of Care" at the Nursing Times Nursing Awards.

7. Chief Executive's Report

The Chief Executive advised he had hoped that he would be in a position to announce that the contract had been signed with Capio Healthcare for the creation of an independent sector treatment centre on the Ashford site, but the Trust is waiting for the Department of Health to finally sign off the deal.

Reconfiguration – Monday 28th November sees the start of the rapid access service at Ashford Hospital, the date for the "main reconfiguration" of services has been put back to 1st February 2006.

The Chief Executive will invite Candy Morris, the newly appointed Chief Executive of the Strategic Health Authority to the Trust, to meet staff and tour the facilities. Mr Douglas spoke of the support given to the Trust by Mr Simon Robbins and thanked him for his contribution over the years.

8. Travel Plan – Summary

Mr Rex Cassidy, Facilities General Manager, presented the paper at Enclosure B to the Board. He described the current situation and problems the Trust Faces, the basis of an immediate action plan, and a business case for longer term solutions.

Mr Cassidy commented on the current car parking situation at the Trust which had been particularly difficult over the last few weeks mainly due to more staff on site, contracted staff taking spaces, and construction works limiting spaces. He detailed the current risks: congestion, staff and patients unable to access the hospitals in a timely manner, access difficult for emergency services in incident situations.

Immediate action involves the creation of a Car Parking Action Group, visible car parking attendants, use of Homewood car park as an additional facility (together with a shuttle service), improved signage, work with partner organisations who use the site. A reduction of single car

uses, car share scheme, and better cycling facilities will also be promoted.

Longer term solutions will involve implementation of “green” measures, possibly a staff payment scheme, fast track parking to provide additional spaces, use of other sites, park and ride and a permit exclusion zone for staff. Extension of outpatient clinic times into the evening will also be visited.

The Chairman asked for more evidence that the situation will improve, that more concrete measures be taken, that a radical solution is sought.

The Travel Plan was **APPROVED** for planning purposes. However, more work must be undertaken to provide evidence that the situation will improve, that more concrete measures be taken and a radical solution sought. The document will be again be presented to the January meeting.

AOM / RC

9. Clinical Governance:

9.1 Clinical Governance Report, Quarter 2, July-September 2005

The Director of Nursing presented the report at Enclosure C which was **NOTED** by the Board. She advised that future reports will be presented in a more concise manner providing an overall risk profile, detailing significant risks and exceptions.

Mrs Winson Smith presented the highlights of the report; a change in visiting hours on wards, reduction in the number of complaints within the Surgical and orthopaedic directorates, unfortunately no decrease in the numbers of incidents of MRSA (work is now focussing on IV devised and urinary catheters) to seek a reduction, a need to revitalise the hand washing campaign and aim at those sections of staff who do not always comply eg. Medical staff.

9.2 Governance Advisory Committee – Terms of Reference

The Director of Nursing presented the paper at Enclosure E which was **NOTED** by the Board. She explained that the Risk and Incident Advisory Board would now devolve into this new committee in order that a more strategic approach to governance is attained. The Committee will provide assurance to the Board that the Trust is scrutinising processes and outcomes, and properly identifying significant risks

10. Organisational Balanced Scorecard

10.1 Performance Report

The Director of Operations (Emergency) presented the paper at Enclosure E which was **NOTED** by the Board. She talked through the various statistics explaining changes in data, noting that the chart depicts less “red” than the previous month. The number of “outliers” had dramatically decreased since this time last year, although the number of A&E attendances have increased, the Trust is doing well on the 4 hour target, maintaining an average of 98%. Elective admissions are down by 4% mainly due to more day cases and emergency admissions.

The Director of Operations (Elective) advised that the Trust will meet its target in that all patients awaiting a hospital admission will have a date by the end of December. All outstanding Outpatients will also receive an appointment date. Cancer waiting times provide the biggest challenge, the Trust is set to achieve targets, but this will be at risk if difficult circumstances prevail.

10.2 Finance Report

The Director of Finance presented the report at Enclosure F which was **NOTED** by the Board.

As at the end of October, the Trust had overspent by £2,143,000 and immediate action is to be taken to reduce this amount by the end of the financial year. The "pay" budget is very overspent mainly due to bank and agency costs in order to manage the extra capacity to meet demand. Systems are being put in place to reduce this figure. The CRES programme is at risk, but it is anticipated that some of this amount can be offset by income received through sale of assets. Support of £5m from the Strategic Health Authority has been discussed, but any amount will have to be repaid. The Director of Finance advised, that taking all these circumstances into consideration, financial breakeven is forecast for the end of the financial year.

The Director of Finance reported on the financial crisis facing the whole of the NHS and the issues faced by the local health economy. He reassured the Board that all possible measures are being taken to break even but that there is still a large gap in funding.

A cash management plan is in operation to protect payment of staff salaries and small suppliers.

11. **Human Resources:**

11.1 Implementing the Electronic Staff Record (ESR)

The Director of Human Resources presented the paper at Enclosure G which was **NOTED** by the Board.

The ESR project will go live in this Trust on 1st July 2006. The Trust is in the 3rd wave of hospitals to use the new system. A Project Manager and Project Board have been appointed to oversee the transition.

Mr Field, Non-executive Director asked that the Trust's auditors be involved in the transition process.

11.2 Agenda for Change and Improving Working Lives Update

Agenda for Change

The Director of Human Resources presented the paper at Enclosure H which was **NOTED** by the Board. She advised that it seems unlikely that the Trust will reach its target of 95% of all staff assimilated by the end of December, the current figure is 71%. It is anticipated that all staff will be assimilated by the end of January 2006; the limiting factor is the number who can be taken on to payroll per month.

Improving Working Lives

The Trust will be validated week commencing 28th November 2005. Approximately 200 staff will be interviewed.

12. Service Reconfiguration Update

The Project Director for Reconfiguration presented the paper at Enclosure I which was **NOTED** by the Board. She advised that the Rapid Access Centre opens on 28th November in its temporary location on Chaucer Ward and will eventually relocate to the Emergency Department at Ashford Hospital. The Trust is working with local GPs to ensure they are adequately advised on how to use the service.

The modular ward units at St Peter's are progressing well, although delivery of the modular day surgery unit has been delayed to 5th December. The Trust is working closely with PCTs and Social Services to ensure a smooth transition for patients after this time.

All staff and services will be removed from the West Wing at Ashford Hospital by Autumn 2006.

A public communications exercise will take place early next year, ie leaflet drop, to advise all patients and the public how to use the new services.

The Board discussed the risks, ie staff resignations from those who do not wish to move site, moving of patients between the sites, slippage of completion dates, Christmas, and effects of bad weather upon building works and inpatient capacity.

13. Items to note/approve:

13.1 Outline business case – Mortuary

The Director of Finance presented the business case at Enclosure J which was **APPROVED** by the Board.

13.2 Appointment of MAU Consultant

The Board **APPROVED** the appointment of a 2nd Consultant Physician to support the Medical Assessment Unit.

13.3 Appointment of Consultant Obstetrician and Gynaecologist

The Board **APPROVED** the appointment of a replacement Consultant Obstetrician and Gynaecologist.

13.4 No Smoking Policy

The Facilities General Manager presented the draft policy to the Board. Mr Cassidy explained the proposal to the Board and sought their views as to whether the Trust should impose a total ban or take a softer stance and provide limited designated smoking areas. All public buildings must be "smoke free" by the end of 2006.

The Board reviewed various scenarios and how they could operate.

The Chairman confirmed that Ashford & St Peter's will become "no smoking" hospitals, and in the short term, a few specified locations will be provided on each site where smoking is permitted. However, from January 2007 the entire hospitals, including the grounds will be a "no smoking zone". In the meantime, the Trust will do all it can to help staff and patients break their smoking habits.

13.5 Surrey Domestic Abuse Strategy

The Board **NOTED** the Strategy at Enclosure N.

13.6 Expenditure from Child Trust Funds – SiPAP Package

The Board **NOTED** the paper at Enclosure O.

13.7 Expenditure from Child Trust Funds – Monitors

The Board **NOTED** the paper at Enclosure P

13.8 Chairman's Action re expenditure from Child Trust Funds – Babylog 8000

The Board **NOTED** the paper at Enclosure Q.

13.9 Chairman's Action re expenditure from Child Trust Funds – Giraffe Omnibed Porthole

The Board **NOTED** the paper at Enclosure R

14. Any other business

14.1 Expenditure from Trust Funds

The Director of Finance tabled Expenditure from Trust Funds (Surgical Research Fund) – Clinical Database for General Surgery, cost £12,000.

The expenditure was **APPROVED** by the Board.

15. Date of next public meeting:

Thursday 26th January 2006, 2pm, Dining Room, Education Centre, Ashford Hospital